## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE RECEIVED

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Applicant

Reed et al.

Application No.

10/606,553

Filed

June 26, 2005

Title

IOL Square Edge Punch and Haptic Insertion Fixture

Group/Art Unit

1732

Examiner

Edmund M. Lee

Conf. No.

5289

Docket No.

P03176C1

CERTIFICATE OF MAILING BY TELEFACSIMILE

I hereby certify that this correspondence is being sent by relesacsimile to: Commissioner for Patents, P. O. Box 1450, Alexandria, Virginia 22313-1450, at telephone number 571 273 8300, on petober 17, 2005.

Suzanne V. Russo

## RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents P. O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

In the Office Action dated October 6, 2005, the Examiner required restriction between the inventions in Claims 1-8 and 20-21 (Group I), Claims 9-18 (Group II), and Claim 19 (Group III). Applicant hereby elects Group II for further examination without traverse.

Reconsideration of this application is respectfully requested in view of the foregoing election. Applicant submits that this application is in allowable condition. If the Examiner feels an interview would favorably advance the prosecution of this case, please contact the undersigned at the number shown below.

Respectfully submitted

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Dated: October 17, 2005